

<i>SERFF Tracking Number:</i>	<i>LDDX-125857170</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic General Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR0201307F01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>OR WC Independent Forms</i>		
<i>Project Name/Number:</i>	<i>OR WC Independent Forms/WC AR0201307F01</i>		

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: OR WC Independent Forms	SERFF Tr Num: LDDX-125857170	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC AR0201307F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: SPI ORChicago	Disposition Date: 10/14/2008
	Date Submitted: 10/14/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: OR WC Independent Forms	Status of Filing in Domicile:
Project Number: WC AR0201307F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/14/2008	
State Status Changed: 10/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Old Republic General Insurance Corporation	
Workers Compensation and Employers Liability	
New Logo Filing Memorandum	

We are submitting for your review and approval Old Republic General 's manually and electronically issued policy jackets along with our WC information page. These three documents have our company logo on them which has

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recently been changed.

J-02 (02/08) is replacing a previously approved jacket J-02.

J-03 (02/08) is replacing a previously approved jacket J-03.

WC 00 00 01A (01/09) is replacing a previously approved information page WC 00 00 01A.

Both these policy jackets are being filed with bracketed items. These bracketed/variable items could change and thus we will not file if they do since we are filing them as variable. The variable items are as follows:

- (1) Signature of Secretary
- (2) Signature of President
- (3) Address of insurer
- (4) Address and telephone number of corporate offices

To aid in your quick review, other than the variable items, we have amended our logo on the policy jackets. We have also amended our logo on the Information Page.

We request an effective date of January 1, 2009.

Company and Contact

Filing Contact Information

Connie Aragonas, State Filing Analyst caragonas@oldrepublic.com
307 N. Michigan Avenue (312) 762-4535 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	10/14/2008	23168455

<i>SERFF Tracking Number:</i>	<i>LDDX-125857170</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/14/2008	10/14/2008

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Disposition

Disposition Date: 10/14/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125857170 State: Arkansas

Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: WC AR0201307F01

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: OR WC Independent Forms

Project Name/Number: OR WC Independent Forms/WC AR0201307F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Policy Jacket - Electronic	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy - Information Page	Approved	Yes

SERFF Tracking Number: LDDX-125857170 State: Arkansas

Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: WC AR0201307F01

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: OR WC Independent Forms

Project Name/Number: OR WC Independent Forms/WC AR0201307F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	J-03	(01/08)	Other	Replaced	Replaced Form #:0.00 J-03 Previous Filing #:		J-03.PDF
Approved	Policy Jacket - Electronic	J-02	(02/08)	Other	Replaced	Replaced Form #:0.00 J-02 Previous Filing #:		J-02.PDF
Approved	Workers Compensation and Employers Liability Insurance Policy - Information Page	WC 00 00 01A	(01/09)	Declaration s/Schedule	Replaced	Replaced Form #:0.00 WC 00 00 01A Previous Filing #:		WC 00 00 01A.PDF

OLD REPUBLIC
Corporate Offices
307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100



INSURANCE POLICY

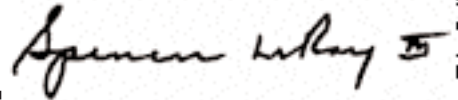



INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC GENERAL INSURANCE CORPORATION

[307 N. Michigan Avenue
Chicago, IL 60601
A Stock Company]

[]
Secretary

[]
President



OLD REPUBLIC GENERAL INSURANCE CORPORATION

INSURANCE POLICY

Represented by:

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC GENERAL INSURANCE CORPORATION

[307 N. Michigan Avenue
Chicago, Illinois 60601]
A Stock Company

[*Spencer L. Ray*]

Secretary

[*Ja Keelozz*]

President

OLD REPUBLIC

Corporate Offices
[**307 North Michigan Avenue**
Chicago, Illinois 60601
(312) 346-8100]

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



INFORMATION PAGE

OLD REPUBLIC GENERAL INSURANCE CORPORATION Producer Name and Address

(A Stock Company)
NAIC #24139 NCCI #10405

1. INSURED

The Insured and Mailing Address:

Policy No.
Renewal of No.
FEIN No.
MNUI No.
NJTIN
Interstate/Intrastate Risk I.D. No.

Other Workplaces not shown above:

Insured is:

2. POLICY PERIOD

The Policy Period is from _____ to _____ 12:01 AM at the insured's mailing address.

3. COVERAGE

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

4. PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.
All information required below is subject to verification and change by audit.

CLASSIFICATIONS	CODE NO.	PREMIUM BASIS TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
Special Assessments, Surcharges & Policy Fees \$				
Total Estimated Annual Premium \$				
Total Payable \$				
Deposit Premium \$				
Minimum Premium \$				

Premium adjustments will be made as indicated:
Issued At:

Issued On:

Countersigned: _____

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/14/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic General Insurance Corporation	IL	24139	36-6067575			

5. Company Tracking Number	WC AR0201307F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Connie Aragones			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation			
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A			
12. Company Program Title (Marketing Title)	Workers Compensation			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	1/1/2009	Renewal:	1/1/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	N/A			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0201307F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

**Old Republic General Insurance Corporation
Workers Compensation and Employers Liability
New Logo Filing Memorandum**

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- (1) Signature of Secretary
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- (3) Address of insurer
- (4) Address and telephone number of corporate offices

To aid in your quick review, other than the variable items, we have amended our logo on the policy jackets. We have also amended our logo on the Information Page.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #:	EFT
Amount:	50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR0201307F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policy Jacket	J-03 (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	J-03 (06/06)	
02	Policy Jacket - Electronic	J-02 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	J-02 (06/06)	
03	Workers Compensation and Employers Liability Insurance Policy - Information Page	WC 00 00 01A (01/09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01A (09/06)	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		